Share Your Opinions/

Families - DPH needs your help!

The Department of Public Health (DPH) wants to know how Early Intervention Programs are doing in providing services and supports to children and families.

Are you satisfied with your EI services and are they helping you to:

- Know your rights
- Effectively communicate your children's needs
- Help your children develop and learn

Please take a few minutes to complete this Family Survey your Service Coordinator gives you

- Use a PENCIL to fill it out
- Put the completed Survey into the stamped, self-addressed envelope
- · Put it in the mail

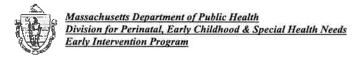
You may skip any items that don't apply to your family.

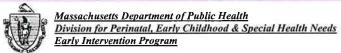
You don't have to give your name. The information you provide will be kept confidential. Your EI program will receive a report that combines the responses of everyone who completes the Survey. The program will use this information to improve the services and supports they provide to you, your child and other families.

Any questions ask your Service Coordinator or call the Early Intervention Parent Leadership Project toll free at 877-353-4757.

THANKS FOR YOUR HELP!







Family Survey - Early Intervention

This is a survey for families receiving Early Intervention services. Your responses will help guide efforts to improve services and results for children and families. For each statement below, please select one of the following response choices: very strongly disagree, strongly disagree, disagree, agree, strongly agree, very strongly agree. In responding to each statement, think about your experience and your family's experience with Early Intervention services over the past year. You may skip any item that you feel does not apply to your family.

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Use pencil only,	Fill in circle completely: Incorrect:	● ∅	A winn Lyon seem of Leg	Strong			Str	Yen Su	ò	16
Family-Centered Service	ces			SHONGH DISAGE	Disag	Disas	Nee No.	MOH NO.	ondiy po	Tee.
1. I was given help in pr	reparing for Individu	alized Family	Service Plan (IFSP) mee	ting(s).	0	0	0	0	0	0
My family was given worried or stressed.		and a King	arth in team bless (in 181)		0	0	0	0	0	0
I was given choices concerning my family's services and supports.					0	0	0	0	0	0
4. My family's daily routines were considered when planning for my child's services.				S.	0	0	0	0	0	0
5. I have felt part of the			·		0	0	0	0	0	0
6. The services on our	IFSP have been pro	vided in a tim	ely way.		0	0	0	0	0	0
My family was given info	rmation about:									
7 changes of routines	s, activities, and the	physical setti	ng that would help my ch	ild.	0	0	0	0	0	0
8 the rights of parents	s regarding Early In	tervention ser	vices.		0	0	0	0	0	0
9 community program	ns that are open to a	all children.			0	0	0	0	0	0
10 organizations that of	offer support for pare	ents of childre	en with special needs.		0	0	0	0	0	0
11 how to participate in	n different programs	and services	in the community.		0	0	0	0	0	0
12 opportunities for my	child to play with o	ther children.			0	0	0	0	0	0
13 how to advocate for	my child and my fa	ımily.			0	0	0	0	0	0
14 who to call if I am n	ot satisfied with the	services my	child receives.		0	0	0	0	0	0
Someone from the Early	Intervention progra	<u>m:</u>								
15 helped me get serv	ices like child care,	transportation	n, respite care, or food sta	amps.	0	0	0	0	0	0
16 helped me get in touch with other parents for help and support.				0	0	0	0	0	0	
			were meeting our needs.		0	0	0	0	0	0
18 went out into the co community activities		nd my child to	help us get involved in		0	0	0	0	0	0
The Early Intervention se	ervice provider(s) th	at work with r	my child:							
19 are dependable.					0	0	0	0	0	0
20 are easy for me to t	talk to about my chil	d and my fam	nily.		0	0	0	0	0	0
21 are good at working	with my family.				0	0	0	0	0	0
22. My service coordinat	or is available to sp	eak with me c	on a regular basis.		0	0	0	0	0	0
23. My service coordinat					0	0	0	0	0	0
24. Information I receive					0		0			
25. I was given informati				-11-4	0	0	0	0	0	0

Please turn page over ⇒ Page 1 of 2

Version 2.0
National Center for Special Education
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	ur Family have helped me and/or my family:				Len	K	
Impact of Early Intervention Services on Yo	ur Family	all Disage	Disas	00	Very Sir Ondiy Pro	Nondi	
Over the past year, Early Intervention services have helped me and/or my family:				Tes Pe	The Pe	Te Po	A.
26 participate in typical activities for children and families in my community.			0	0	0	0	0
27 know about services in the community.		0	0	0	0		0
28 figure out solutions to problems as they co	ome up.	0	0	0	0	0	0
29 know where to go for support to meet my	child's needs.	0	0	0	0	0	0
30 know where to go for support to meet my	family's needs.	0	0	0	0	0	0
31 get the services that my child and family r		0	0	0	0	0	0
32 feel more confident in my skills as a parer		0	0	0	0	0	0
33 help other children in my family (if there are other children) adjust to their brother's or sister's needs.				0	0	0	0
34 make changes in family routines that will benefit my child with special needs.				0	0	0	0
35 be more effective in managing my child's behavior.				0	0	0	0
36 do activities that are good for my child even in times of stress.				0	0	1,201	0
37 feel that I can get the services and supports that my child and family need.				0	0	0	100
38 understand how the Early Intervention system works.			0	0	0	0	0
39 be able to evaluate how much progress my child is making.			0	0	0	_	
40 feel that my child will be accepted and welcomed in the community.			0	0	0	0	0
41 feel that my family will be accepted and welcomed in the community.42 communicate more effectively with the people who work with my child and family.			0	0	0 0	0 0	0
43 understand the roles of the people who work with my child and family.			0	0	0	I town of the	0
44 know about my child's and family's rights concerning Early Intervention services.			0	0	0	0	0
45 do things with and for my child that are good for my child's development.				0	0		0
46 understand my child's special needs.				0	0	0	0
47 feel that my efforts are helping my child.				0	0	0	0
48 be more hopeful about my child's future.				0	0	0	0
	The state of the s					7017	21
49. State of Residence 50. Child's Age at Time of Survey Completion	52. Child's Race / Ethnicity 1 White 2 Black or African-American 3 Hispanic or Latino						2
1 O Birth to 1 year 4 O Asian or Pacific Islander							32
2 O 1 - 2 years 3 O 2 - 3 years	5 O American Indian or Alaskan Native						
4 O Over 3 years	6 O Multi-racial						
51. Child's Age When First Referred to Early	53. Did anyone help you fill out this surv	ev?				e i	194
Intervention	1 O Family member						
1 O Birth to 1 year 2 O 1 - 2 years	2 O El staff						
3 O 2 - 3 years 3 O Other							-

-- Thank you for your participation.--

